

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY  
DEPARTMENT OF SOCIAL SERVICES

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of \_\_\_\_\_, the County is changing your cash aid from \$ \_\_\_\_\_ to \$ \_\_\_\_\_. Cash aid will stop for \_\_\_\_\_, unless this person goes to the interview we have scheduled or calls us by \_\_\_\_\_, and gives us a good reason for not doing what the County asks or agrees to a plan to do what the County asks.

## HERE'S WHY:

\_\_\_\_\_ has a problem with their participation in Welfare to Work. To discuss this problem, we have scheduled an interview with this person on:

\_\_\_\_\_ at \_\_\_\_\_ o'clock at \_\_\_\_\_.

## Here's the problem:

- ☐ not signing the Welfare to Work plan.
- ☐ not participating or making good progress in the assigned activity: \_\_\_\_\_.
- ☐ not accepting a job.
- ☐ quitting a job.
- ☐ reducing their earnings.

## WHAT HAPPENS AT THE INTERVIEW?

At the interview, you may give your reasons for not doing what the County asks. If you have a good reason, your cash aid will stay the same. Some good reasons for not participating are: you are the victim of domestic violence, you do not have child care, or you do not have transportation. For other good reasons, see your Welfare to Work Handbook.

You may also call your Welfare to Work worker, instead of going to the interview, to give us a good reason for not doing what the County asks, or to agree to a plan to do what the County asks. Contact

\_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_.

**Medi-Cal:** This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply; you may review them at your welfare office: CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5

## Monthly Cash Aid Amount

### Section A. Countable Income, Month of \_\_\_\_\_

Total Business Income	.....	\$	_____
Business Expenses:			
a. 40% Standard	.....	-	_____
OR			
b. Actual	.....	-	_____
Net Earnings from Self-Employment	.....	=	_____
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	.....	\$	_____
\$225 Disregard	.....	-	_____
Nonexempt Unearned Disability-Based Income	.....	=	_____
OR			
Unused Amount of \$225 Disregard	.....	=	_____
Total Earned Income	.....	\$	_____
Net Earnings from Self-Employment (from above)	.....	+	_____
Subtotal	.....	=	_____
Unused Amount of \$225 Disregard (from above)	.....	-	_____
Subtotal	.....	=	_____
Earned Income Disregard 50%	.....	-	_____
Subtotal	.....	=	_____
Nonexempt Unearned Disability-Based Income (from above)	.....	+	_____
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members)	.....	+	_____
		+	_____

**Net Countable Income** ..... = \_\_\_\_\_

### Section B. Your Cash Aid, Month of \_\_\_\_\_

1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members)	..	\$	_____
2. Special Needs (Assistance Unit only)	.....	+	_____
3. Net Countable Income from Section A	.....	-	_____
4. Subtotal	.....	=	_____
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding Sanctioned Persons)	.....	\$	_____
6. Special Needs (Assistance Unit only)	.....	+	_____
7. Maximum Aid Subtotal	.....	=	_____
8. <b>Full Month Aid Subtotal</b> (Lowest Amount on Line 4 or 7)	.....	=	_____
9. Line 8 Prorated for Part of Month	.....	=	_____
10. Adjustments:			
25% Child Support Sanction	.....	-	_____
Overpayment	.....	-	_____
Other Sanctions	.....	-	_____
Bonus	.....	+	_____
11. <b>Monthly Cash Aid Amount</b> (Line 8 or 9 Adjusted)	.....	=	_____

# NOTICE OF ACTION

(Continued)

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Notice Date \_\_\_\_\_  
Case \_\_\_\_\_  
Name \_\_\_\_\_  
Number \_\_\_\_\_

If you cannot keep this interview, you may call your Welfare to Work worker to schedule another interview by \_\_\_\_\_. You may reschedule this interview only once.

If it is decided that \_\_\_\_\_ did not have a good reason for not doing what the County asks, we will make a plan for this person to do what the County asks. \_\_\_\_\_ will be expected to agree to the plan or cash aid will stop for this person.

- ☐ If your cash aid stops, we will need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

County Worker: \_\_\_\_\_

Street, City, Zip: \_\_\_\_\_

Phone (      ) \_\_\_\_\_

We will not pay \_\_\_\_\_'s child care, transportation, or work or training related expenses while this person is off cash aid.

If this person does not take care of the participation problem by \_\_\_\_\_ and your cash aid is lowered, your cash aid may go up again if you are eligible for it and:

- ☐ if \_\_\_\_\_ cooperates.  
☐ after \_\_\_\_\_ if \_\_\_\_\_ cooperates.

If this person has a good reason for not participating, we will work with him/her so that he/she is able to do what the County asks.

CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF NEEDED TO HELP KEEP THIS APPOINTMENT.

If help is needed with transportation or child care to keep this appointment, call your Welfare to Work worker.

This person can get free help with this appointment from:

Legal Aid Office: \_\_\_\_\_

Welfare Rights Office: \_\_\_\_\_

CCWRO: \_\_\_\_\_

Your new cash aid amount is figured on this notice.